Status: Finalized

I. Hospital Information

Hospital Name: INDIANA UNIVERSITY HEALTH NORTH HOSPITAL

Provider #: 15-0161

City: Carmel

County: Hamilton

Year: 2012

Person Completing the Report: Haley Wright

Email Address: hwright3@iuhealth.org

LICENSURE, ACCREDITATION, OR DESIGNATED UNITS (check all that apply)

State Licensure: Acute License LTC Certification

Private Accreditation: **V** JCAHO HFAP

CMS Specialized Hosp: CAH TLC Rehab

DRG Exempt: Psych Rehab Swing Bed

Number of Total Hospital Full Time Equivalents 1070

II. Hospital Service Utilization

Hospital Service Description	Number of Set- up Beds	Number of Discharges	Number of Patient Days	Annual Total Charges
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Medical/Surgical	11	127	1664	\$5,370,753
ICU Neonatal	31	231	4173	\$10,429,271
ICU Pediatric	14	163	1131	\$3,845,568
Medical/Surgical	66	4369	15053	\$25,717,142
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	0	0	0	\$0
Obstetrics	44	4675	12164	\$39,565,100
Pediatric	23	648	1660	\$2,515,149

Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Bed Program	NA	0	0	\$0
Extended Care	0	0	0	\$0
Observation Beds	0	0	0	\$0
All Other Services	0	0	0	NA
Total Acute	189	10213	35845	NA

III. Nursing Facility Utilization

	Number of Licensed Beds	Number of Discharges	Number of Patient Days
Nursing Facility	0	0	0

IV. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-9-CM Diagnostic Categories

Diagnostic Categories	Number of Encounters	Diagnostic Categories	Number of Encounters
Infectious Disease	601	HIV	34
Neoplasms	3431	Endocrine	6830
Diseases of Blood	986	Mental Disorders	661
Nervous	2336	Circulatory	3668
Respiratory	3341	Digestive Diseases	5120
Genitourinary	5670	Pregnancy	3467
Skin	1255	Musculoskeletal	7818
Congenital	666	Perinatal	333
All Injuries	4648		
Other/Known	26589	Total Encounters	77454

Total ED Visits	ED Injury Visits	ED Injury Admissions
17466	3537	210

Comments